

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV755075736US, on the date shown below in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: August 2, 2006

Signature: Susan M Dillon  
(Susan Dillon)

Docket No.: 61506(71699)  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Michael G. Goggins et al.

Application No.: 10/561,877

Confirmation No.: 1113

Filed: December 22, 2005

Art Unit: N/A

For: METHYLATED GENE BIOMARKERS FOR  
DETECTING CANCER

Examiner: Not Yet Assigned

08/07/2006 MKAYPAGH 00000120 041105 10561877

01 FC:2252

225.00 DA

**REQUEST FOR EXTENSION OF TIME**

MS Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby petitions for a two month extension of time to and including August 12, 2006 to respond to the Office Action mailed April 12, 2006.

This petition is being filed in order to ensure copendency with application being filed concurrently herewith.

In the event that a further petition for an extension of time is required to be submitted at this time, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time for as many months as are required to ensure that the above-identified application does not become abandoned.

Please charge our Deposit Account No. 04-1105 in the amount of \$225.00 covering the fee set forth in 37 CFR 1.17(a)(2). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1105, under Order No. 61506(71699).

Application No.: 10/561,877

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Docket No.: 61506(71699)

Dated: August 2, 2006

Respectfully submitted,

By 

Peter F. Corless

Registration No.: 33,860

EDWARDS ANGELL PALMER & DODGE  
LLP

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Boston, Massachusetts 02205

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Attorneys/Agents For Applicant

<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number Filing Date First Named Inventor Examiner Name Art Unit	10/561,877-Conf. #1113 December 22, 2005 Michael G. Goggins Not Yet Assigned N/A
<b>TOTAL AMOUNT OF PAYMENT</b>	(\$) 225.00	Attorney Docket No. 61506(71699)	

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: The Johns Hopkins University	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b> 23 - 23 = _____ x _____ = _____	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____
HP = highest number of total claims paid for, if greater than 20.				
<b>Indep. Claims</b> 3 - 3 = _____ x _____ = _____	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____ <b>Fee Paid (\$)</b> _____
HP = highest number of independent claims paid for, if greater than 3.				

<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<b>Total Sheets</b> _____ - 100 = _____	<b>Extra Sheets</b> _____ / 50 = _____	<b>Number of each additional 50 or fraction thereof</b> _____ (round up to a whole number) x _____ = _____	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____

<b>4. OTHER FEE(S)</b>		<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): 2252 Extension for response within second month		225.00

<b>SUBMITTED BY</b>			
Signature 	Registration No. (Attorney/Agent) 33,860	Telephone (617) 439-4444	
Name (Print/Type) Peter F. Corless			Date August 2, 2006

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